

No. <b>J 457</b>		<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SEVERN WINKLE, L.L.P. STEVEN D SEVERN 205 N 10TH ST BOISE ID 83702		STEVEN D SEVERN 205 N 10TH ST STE 300 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	STEVEN D SEVERN	3176 LAKERIDGE PL	BOISE	ID	USA	83706	
PARTNER	STEWART W WINKLE	533 E CURLING DR	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>J 457</b>		6. Annual Report must be signed.*  Signature: steve severn Name (type or print): steve severn					
		Date: 10/27/2016 Title: partner					
Processed 10/27/2016		* Electronically provided signatures are accepted as original signatures.					